



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

PRESENT METHODS USED IN MEDICAL NURSING *

By LOUISE M. MARSH, R.N.

Graduate of the Presbyterian Hospital, New York

Not long ago while listening to a celebrated clinician reviewing with his students the treatment indicated for the number of miscellaneous cases usually found in an open ward, the writer heard him say in summing up, "And for *all* of these cases the mental attitude of the patient towards his own condition, environment, and treatment, must be carefully considered, as much may be done by suggestion to hasten or retard recovery."

Suggestion, as a nursing method, holds limitless possibilities and opens vast fields for speculation and inquiry, but it is a method of nursing treatment the importance of which is beginning to be so universally recognized that a paper on present nursing methods, however brief, must at least touch upon it before passing to a few of the more tangible methods now in use.

Very constantly the care of the mental attitude of patients is spoken of and the nurse is reminded that application of mental therapeutics is not now limited to nervous diseases; but that their value is very widely spread, and as a matter of fact there is hardly a disease in which it is not felt. The capacity on the part of the nurse for arranging details of treatment to make an impression upon the patient's mind, her opportunity to calm the mind in excitement, to decrease anxiety, to arouse feelings of hope, faith, and cheerfulness, of suggesting motives for the exercise of the patient's will to recover, to stimulate the patient's mind to make greater effort to aid in his own recovery—in a word, the nursing application of mental therapeutics, especially suggestion, is now daily insisted upon and has become a recognized nursing method, which in a doubtful case may turn the scale from failure to success.

In considering the nursing methods as applied to infectious diseases and fevers, typhoid may be taken as a type of both. The first question presenting itself with the care of infection is What precautionary measures must be taken to prevent its dissemination? The time allotted to this paper must limit such a consideration to the methods used in an open ward where patients suffering from typhoid fever are

* Read at the eighth annual meeting of the New York State Nurses' Association.

placed next to non-infectious diseases. A probable typhoid patient on being admitted to a ward is ordered to be placed upon "individual precautions,"—that is, every article whatsoever to be used by him is kept separate and apart in a special, designated place,—articles which will not be injured are kept immersed in a two per cent. solution of formaldehyde when not in use; excreta are disinfected by the same solution, as are all bed linen and articles of wearing apparel. Dishes, trays, drinking tubes, medicine glasses, are boiled immediately after use.

When the diagnosis of typhoid is made positive, by the finding of the bacillus typhosus through blood culture, the precautions are changed to "enteric" and all articles for his use are placed in the so-called "typhoid room." Here are kept in common all articles for exclusive use in the nursing care of typhoid fever. This is, broadly and without detail, the nursing method now in use in the Presbyterian Hospital to prevent the spreading of typhoid or other infectious disease.

Typhoid is now almost conceded to be a nursing problem. Being a self-limited disease, it must run its course and there seems to be no established medication or treatment that can abort it or even in any marked degree mitigate the severity of the attack, hence the nursing methods are chiefly devoted to keeping the patient in good condition to fight his infection, to keep his resisting powers above par that he may not have a secondary infection, and to ward off complications. This brings us at once to a consideration of hydrotherapy and diet. The tub bath, the slush bath, and the sponge bath, all given at from 80° to 85°, are in common use. The methods of giving the sponge and tub baths are so familiar to all, differing only in unimportant details, that they need no further comment. The slush bath, however, is not so commonly used and a brief description may be of interest. It is indicated where the continual moving of a typhoid patient from the bed to the tub seems to be irritating and to aggravate the nervous symptoms.

The bed is protected by two rubber sheets, the top one being long enough to extend into a large pail or tub placed on the floor at the foot of the bed. Pillows doubled over and tied, or blankets rolled lengthwise and tied, are placed under the rubber sheets, elevating them upon either side so that the patient lies in a trough. Blocks of medium height are placed under the head of the bed to assist drainage. A tub of water is placed upon a stand several feet higher than the bed and large rubber tubing with a sprinkler attached may be used to convey the water to the patient. A simpler way is to fill an extra large, ordinary (garden) variety of tin watering pot which is held high above the patient and the

water sprinkled quickly from head to feet. The shower continues fifteen to twenty minutes, friction being given continuously. For the first ten minutes the patient is showered and rubbed anteriorly, then gently turned and his back well showered and friction given especially over the spinal cord for the tonic and sedative effect on this nerve centre.

In many instances when patients have been irritated and perhaps terrified by removal from bed into a tub the slush bath has been tried with excellent results. The case of a boy in our wards last autumn may be cited. He had a severe infection and very aggravated nervous symptoms. Preparation for a bath was the signal for an immediate outbreak of tears and entreaties not to be put into the tub. The temperature of the water was raised to 90° with no better result. The slush bath was then tried, and when he saw that he was not to be lifted from the bed no resistance was offered, the shower at 80° from the watering pot was greeted with his first smile, and from that day Ludwig "prayed for rain."

The relation of hydrotherapy to fever as presented to us enables the nurse to get a more or less clear understanding of what fever really is, and so a definite and rational method of carrying out hydrotherapeutic measures. Having comprehended that fever is the reaction of the body to a poison, the attempt of the system to battle with and fight off invasion, we can tub and slush and sponge with comparative disregard of effect upon temperature, knowing that the drop or rise of a few tenths of a degree is so little as to be almost negligible, the clinical thermometer presenting us with but a limited set of facts,—that the bath has affected the nervous system advantageously, delirium disappears, the heart is stimulated, and digestion and elimination are aided.

So we see that the ancient method of plunging the patient with a temperature at 105° F. into iced water, effecting rather a spectacular drop in temperature (and maybe a chill) has been modified to a pleasantly cool, soothing bath, to a purely nursing method of promoting the general well-being of the subject. Having the clear idea that a high temperature is the best one for the battle against the invading bacteria, and having also in mind the probable condition of the intestines, we are enabled to understand the method in the fuel supplied to balance the heat loss. The ideal diet is one designed to keep the heat value of the food at a point to cover the heat loss (at least 2000 to 2500 calories a day), otherwise the patient must burn up his own tissue, becoming very emaciated and weak and ready for any complication.

It is found to be impossible to give the usual articles of milk,

albumin water, and broth in sufficient quantity to cover the heat loss, and very recently cream and milk sugar, in amounts varying according to the individual ability to digest and assimilate, have been added to increase the food value of the diet. The advantage of milk sugar over cane sugar is that in fermenting it produces very little gas. As much egg albumin as the patient will take is given. One delicious way of serving it as a variation from the monotonous albumin lemonade is to put the well-beaten white of the egg with grape juice and cracked ice. Large quantities of cold water are imperative, six to eight ounces at least every half hour when the patient is awake. It has been said that the test of a good surgical nurse is the small amount of morphine required after an operation. It might also be said that the test of a good typhoid nurse is the amount of fluid she can induce her patient to take—his willingness being in ratio to the degree of cleanliness in which she keeps his tongue. We have now in very general use for cleansing mouth and tongue a solution of boric acid, listerin, peroxide and glycerin in equal parts. The mouth is well swabbed out with this after every feeding, and a light coating of ointment made of 50 per cent. boric acid, menthol, and oil of nutmeg in white vaseline is then put upon tongue and lips,—under this treatment a coated, dry, fissured tongue is rarely seen.

When the toxæmia is profound, producing so stuporous a condition that fluids cannot be taken, 1000 to 1500 c.c. of normal saline is administered by hypodermoclysis every eight to twelve hours. A slow method of giving saline subcutaneously is now being adopted. Heretofore aspirating needles with a large lumen have been used. Their introduction into the tissues is never a pleasant procedure and their size permitting of a quick flow, large amounts of the saline collect in one spot and cause a painful swelling until absorption takes place; also large quantities of fluid suddenly thrown into the tissues may cause a reactionary chill. Smaller needles, approaching in size the ordinary hypodermic needles, are now substituted for the larger aspirating needles; thus the flow of saline is very much slower and the process of absorption more nearly keeps pace with the introduction of the fluid. This slow method certainly seems more rational than suddenly throwing 1000 or 1500 c.c. of fluid into the tissues in fifteen or twenty minutes.

The importance of the nurse's share in the treatment of nephritis and uræmia is almost as great as in typhoid. The variation made in the diet of acute, subacute, and chronic nephritis is an interesting but lengthy subject. Without entering into the various forms of the disease it may be said that the diet and treatment used for all are designed

to rest the kidneys. The patient is at first kept flat in bed and given the least irritating of diets, milk, 6–8 ounces every two hours, water in sufficient quantity. Broths are prohibited, as the meat extractives are irritating to the kidneys. As the patient improves his diet is increased very gradually.

When there are œdema and effusions into the cavities, a strictly salt-free diet may be ordered. We are told that the diseased kidneys cannot excrete the salt which accumulates in the tissues, and since salt requires a quantity of water to keep it in solution, water is held in the tissues also, with resulting œdema. When the fluid collects in the pleural cavities it is very difficult to make the patient comfortable in bed as he is able to breathe in an upright position only. Back rests, foot rests, innumerable pillows, a bed table to lean forward upon, any and every device is resorted to in an attempt to enable him to change his position and gain a moment's comfort. The chronic nephritic with his pale, swollen face and water-logged, unwieldy body, laboring for every breath, is indeed a pitifully helpless object. The kidneys are rested and the œdema relieved by diet, and by making the skin aid in elimination by means of hot packs and hot-air baths. However, in spite of rigorous treatment most chronic nephritics go on to the uræmic condition, intense headache and drowsiness, irregular respirations, then coma supervenes, hot flaxseed poultices to the lumbar region, hot colon irrigations, phlebotomy, all usually without effect, and the coma progresses to death.

In pneumonia, all treatment and nursing are directed towards preventing cardiac failure and to helping the patient through the period of toxæmia. Absolute quiet and the recumbent position in bed are of utmost importance. Any quick movement must be guarded against, and as pneumonia patients are often very delirious the closest watching is necessary to prevent the sudden strain which sitting up or rolling over places upon the heart, and much of the routine care of the patient must be omitted.

No matter how cold the temperature, the patient is placed out of doors or, if this cannot be done, all windows are opened so that he breathes free, flowing air. Just as in the nursing of surgical wounds, absolute cleanliness is the essential point, so the antiseptic system in its universal application enforces the lesson that diseased lungs require clean air.

If delirium is active, the patient is brought in every four hours and given an alcohol sponge. Large, light, flaxseed poultices are put over the chest for relief of pleural pain. The use of ice bags for this pur-

pose has been abandoned, as the hot application seems more effective and adds more to the comfort of the patient. The chest may be cupped for twenty minutes every few hours. The present method of cupping is always a rapid one, requiring two nurses, the cups being removed almost as quickly as they are applied. As the object is to relieve congestion, if the cups are left on too long until the capillaries become enlarged, it is defeated. Dark rings, stasis marks, are not now considered signs of effective cupping but of defective understanding of the principle underlying the treatment. A chest having been cupped for twenty minutes should resemble the same area after the removal of a hot poultice therefrom—of an equally diffused red color with no dark or red rings and the skin left in perfect condition for as many repeated cuppings as may be necessary.

Abdominal distention, further embarrassing heart and lungs, must be carefully watched for and its earliest onset reported. The pneumonia toxins cause a very quick paresis of the intestines, which condition is combated by turpentine stupes and enemata. Water should be urged, as the internal lavage eliminates much of the toxin through the kidneys. From the onset, usually with a chill, the patient feels very ill; by the second day his temperature has risen to 104° or 105°. He may have a frequent painful cough and soon expectorates a very viscid and bloody sputum, and his breathing is very rapid. In these cases as in all others in which the breathing powers are embarrassed science steps in to help nature by giving inhalations of pure oxygen. So fiercely does the patient have to battle to draw in sufficient oxygen that it often requires the greatest perseverance and persuasion to induce him to even attempt the swallowing of fluids in any quantity, and saline is administered rectally and by hypodermoclysis every few hours. This condition may continue about eight to ten days. If during this period the natural protective agencies of his body have been well nourished and fortified by sponging, poulticing, and fluids, they may muster in sufficient strength to overcome the pneumococcus toxin, and the almost miraculous crisis comes, the temperature tumbling headlong like an evil demon from a towering cliff, the bounding pulse and the goaded respirations calm down, and the spirit that seemed about to wander into the shadows tenants the clay again and convalescence begins. A fight with a squad of invading pneumococci is as exciting as pinning on our Red Cross emblems and going to the front, or like watching the citadel and supplying ammunition to the guns, success in holding out the siege depending upon attention to details, a complete understanding of the situation, and a readiness to meet new obstacles as they arise.

If we could be trained to properly use our imagination many of the commonplace details of work with the sick might be transformed into something inspiring. But minds are rarely characterized by both observation and imagination, observation giving accuracy in grasping surface details, while imagination goes to the heart of things and is deep, earnest, and serious, seeking the essential truth which underlies, explains, and dignifies details. The combination of these two faculties of observation and imagination is rare. She who possessed it would be mistress of the art of nursing.

OLDE CAROL

As Joseph was a-walking
He heard an angel sing,
"This night shall be the birth night
Of Christ, our heavenly King.

"His birth bed shall be neither
In housen or in hall,
Nor in the place of Paradise
But in the oxen's stall.

"He neither shall be rocked
In silver or in gold,
But in the wooden manger
That lieth on the mould.

"He neither shall be washen
With white wine nor with red,
But with the fair spring water
That on you shall be shed.

"He neither shall be clothed
In purple nor in pall,
But in the fair white linen
That usen babies all."

As Joseph was a-walking
Thus did the angel sing,
And Mary's son at midnight
Was born to be our King.

Then be you glad, good people,
At this time of the year;
And light you up your candles
For His star it shineth clear.